

Change Of Address Request

My cousin, Alice Shepherd, passed away on March 17, 2011. I am the Trustee of the Shepherd Trust Dated June 28, 2005. Please update the mailing address as described below. If there are any questions, I may be reached at 661-927-7773.

Thank you,

Conrad Frank, Trustee

Conrad Frank, Trustee of the Shepherd Trust Dated June 28, 2005

Known case numbers:

BK-S-06-10725-LBR

BK-S-06-10726-LBR

BK-S-06-10727-LBR

BK-S-06-10728-LBR

BK-S-06-10729-LBR

BK-N-07-13162-LBR

Mailing addresses that are no longer valid:

Alice Shepherd
14758 Calla Lily CT
Canyon Country, CA 91387-1519

Shepherd Trust Dated 6/28/05
C/O Alice Shepherd Trustee
14758 Calla Lily CT
Canyon Country, CA 91387-1519

Please use the following address:

Shepherd Trust Dated 6/28/05
C/O Conrad Frank Trustee
27564 Courtview Drive
Valencia, CA 91354-1600

RECEIVED & FILED
11 MAY 23 P 1:58
U.S. BANKRUPTCY COURT
MARY A. SCHULTZ, CLERK

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3201119012432

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ALICE		2. MIDDLE -	
3. LAST (Family) SHEPHERD			
4. DATE OF BIRTH mm/dd/yyyy 09/18/1953		5. AGE Yrs. 57	
6. UNDER ONE YEAR Months Days		7. UNDER 24 HOURS Hours Minutes	
8. BIRTH STATE/FOREIGN COUNTRY GERMANY		9. SEX F	
10. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		11. MARITAL STATUS/SPOT at Time of Death DIVORCED	
12. DATE OF DEATH mm/dd/yyyy 03/17/2011		13. HOUR (24 hours) 0339	
14. EDUCATION - Highest Level Degree DOCTORATE		15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN			
17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRE TECHNICAL WRITER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) JOURNALISM	
19. YEARS IN OCCUPATION 15			
20. DECEDENT'S RESIDENCE (Street and number, or location) 14758 CALLA LILY COURT			
21. CITY CANYON COUNTRY		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 91387		24. YEARS IN COUNTY 12	
25. STATE/FOREIGN COUNTRY CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP CONRAD P. FRANK, AHCD AGENT		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 27564 COURTVIEW DRIVE, VALENCIA, CA 91354	
28. NAME OF SURVIVING SPOUSE/SPOT-FIRST -		29. MIDDLE -	
30. LAST (BIRTH NAME) -			
31. NAME OF FATHER/PARENT-FIRST KURT		32. MIDDLE -	
33. LAST SCHLICHTER		34. BIRTH STATE GERMANY	
35. NAME OF MOTHER/PARENT-FIRST ALICE		36. MIDDLE -	
37. LAST (BIRTH NAME) FRANK		38. BIRTH STATE GERMANY	
39. DEPOSITION DATE mm/dd/yyyy 03/24/2011		40. PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF LOS ANGELES COUNTY	
41. TYPE OF DISPOSITION(S) CR/SEA		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -			
44. NAME OF FUNERAL ESTABLISHMENT ANGELENO MORTUARY		45. LICENSE NUMBER FD1812	
46. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD		47. DATE mm/dd/yyyy 03/23/2011	
48. PLACE OF DEATH HENRY MAYO NEWHALL MEMORIAL HOSPITAL		49. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> COA	
50. CITY LOS ANGELES		51. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice	
52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 23845 W MCBEAN PKWY		53. CITY VALENCIA	
54. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) A) CARDIOPULMONARY ARREST B) ACUTE RESPIRATORY FAILURE C) BREAST CANCER WITH METASTASIS 100. DEATH REFERRED TO CLERK BY MINS 101. SIGNATURE PERFORMED? DAYS 102. SIGNATURE PERFORMED? YEARS 103. USED IN DETERMINING CAUSE? YES NO UNK		104. SIGNATURE PERFORMED? YES NO UNK	
105. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION			
106. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? If yes, list type of operation and date. VIDEO ASSISTED THORACIC SURGERY 02/28/2011		107. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
108. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since Decedent Last Seen Alive 02/22/2011 03/16/2011		109. SIGNATURE AND TITLE OF CERTIFIER ARMAND T MASONGSONG M.D. 110. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ARMAND T MASONGSONG M.D. 21700 GOLDEN TRIANGLE RD # 105, SANTA CLARITA, CA 91350	
111. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		112. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
113. PLACE OF INJURY? (e.g., home, construction site, wooded area, etc.)		114. INJURY DATE mm/dd/yyyy	
115. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		116. HOUR (24 hours)	
117. LOCATION OF INJURY (Street and number, or location, and city and zip)			
118. SIGNATURE OF CORONER / DEPUTY CORONER		119. DATE mm/dd/yyyy	
120. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		FAX AUTH.#	
CENSUS TRACT			

This is a true certified copy of the record filed in the County of Los Angeles
Department of Public Health if it bears the Registrar's signature in purple ink.

NH

DATE ISSUED MAR 24 2011 *HD2339709*

Director of Public Health and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



TRUSTEE'S CERTIFICATE OF TRUST
(California Probate Code Section 18100.5)